

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M. D., DIRECTOR

Weekly



Bulletin

STATE BOARD OF PUBLIC HEALTH

GEORGE E. EBRIGHT, M.D., PRESIDENT

FRED F. GUNDRUM, M.D., VICE PRESIDENT

A. J. SCOTT, M.D.

ADELAIDE BROWN, M.D.

EDWARD F. GLASER, M.D.

ROBERT A. PEERS, M.D.

WALTER M. DICKIE, M.D.

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. VI, No. 46

December 24, 1927

GUY P. JONES  
EDITOR

Report Cases of  
Deafness in Children.

Chapter 660 enacted by the last legislature requires that reports be made of cases of impaired hearing in children. This duty falls upon attending physicians, nurses, parents or guardians. The act reads as follows:

Section 1. It shall be the duty of every attending or consulting physician, nurse, parent or guardian having charge of any minor who is totally deaf or whose hearing is impaired, to report at once to the superintendent of schools of the county, or incorporated city, or city and county of which said child is a resident, the name, age and residence of such minor.

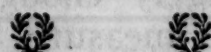
Sec. 2. Upon receipt of this information by the county superintendent of schools of the county or the city and county, it shall be his duty to communicate to the parent the address of the California School for the Deaf and also of the nearest public school for the deaf and the nearest public school for the hard of hearing, if there be either or both in the county with information concerning the advantages offered by the school and the benefits to accrue to the child from attendance at such schools or either of them.

Sec. 3. It shall be the duty also of the superintendent of schools of the

county or city and county to issue to said parent or guardian of said minor thus afflicted an official registration card signifying that said child has been properly registered with the local and state boards of education and to send to each of the schools mentioned in section 2 hereof the name, address and age of said minor child.

Sec. 4. No official or agent or representative in carrying out the provision of this act shall enter any home or take charge of any child over the objection of the parents, or either of them, or the person standing in loco parentis or having custody of said child.

Nothing in this act shall be construed as limiting the power of a parent or guardian or person standing in loco parentis to determine what treatment or correction shall be provided for a child or the agency or agencies to be employed for such purpose.



"Science can never be a closed book. We should not be ashamed to change our methods, rather we should be ashamed never to do so. We should try new things, but should show common sense about it. The science which can point to its achievements against smallpox, malaria, yellow fever, diphtheria, typhoid and typhus fevers, tuberculosis and a score of other diseases, as well as to a rapid lengthening of human life, and especially to the saving of vast numbers of infants from early death, need not be ashamed to acknowledge that some experiments have failed."—Charles V. Chapin, M. D.



### **Dr. Ebright Writes of Poliomyelitis Control.**

A summary of the known facts concerning poliomyelitis or infantile paralysis, with special reference to possible ways of control, has just been published by Dr. George E. Ebright, President of the California Board of Public Health, in the Journal of the California Medical Association.

Dr. Ebright points out that control of this disease is particularly difficult, because so little is known concerning its dissemination from one individual to another. Popular conceptions of this type of paralysis as a new disease he qualified with statements that an Egyptian mummy has been found supposedly showing signs of infantile paralysis. An English physician also cites cases in 1784 which were apparently suffering from this disease. Other instances have appeared in medical literature since then, he points out.

Investigations from 1909 to the present day by scientists throughout the world have shown that the disease can also be produced in lower animals, Dr. Ebright points out, and that it is apparently due to a filtrable virus which develops an immunity against further attack in the bodies of those whom it strikes. The virus has been demonstrated repeatedly in persons who were perfectly well, but who had been in contact with those with the disease. Some doctors have found as high as 66 per cent of persons who have come in contact with cases of the disease, themselves bearing immune bodies resulting from presence of the disease in their blood.

In regard to the spread of the disease, Dr. Ebright said: "It is the consensus of opinion that poliomyelitis is transmitted chiefly by means of direct contact with persons who harbor the virus in the nose or mouth—either contact with persons suffering from the disease, or who have had the disease, or who are carriers but have never had the disease themselves."

Nose and throat sprays of antiseptic solutions, strangely enough, are useless as a preventive measure and might aid infection, it is believed, through removing the natural protective substance on the interior of the nasal canals, which seemingly has some power of neutralizing the virus of the disease.

General public measures of prevention, Dr. Ebright finds in surveying the reports of various organizations in the United States, cast doubt on the efficacy of forbidding public assemblies or closing schools, except in extreme cases, and cites

the isolation of those suffering from the disease and of all children who have come in contact with the disease for a period of at least fourteen days as probably best.

### **Cities Name New Health Officers.**

Dr. O. W. Jones has been appointed city health officer of San Anselmo, Marin County.

Dr. S. L. Benson has been appointed city health officer of Barstow, San Bernardino County.

Mr. H. A. Walker is now city health officer of Hemet, Riverside County.

The city of Watts, in Los Angeles County, has been incorporated with the city of Los Angeles and its public health functions will be administered by Dr. George Parrish, city health commissioner of Los Angeles.

### **Three Years Without Death from Diphtheria.**

There has not been a single death from diphtheria in San Joaquin County for three years. Dr. J. J. Sippy, District Health Officer, can well point with pride to this outstanding record. An intensive plan of diphtheria control has been carried on in San Joaquin County for several years, immunization against the disease having been offered freely. In many schools throughout the district every child in attendance has been immunized against diphtheria and smallpox as well.

### **Solano County Uses Crippled Child Act.**

Upon a certificate issued by Judge W. T. O'Donnell of the Solano County superior court, in accordance with the provisions of the new Crippled Child Act, a physically handicapped child of that county will receive treatment to relieve a paralysis following epidemic poliomyelitis. Under the working of this law, crippled children whose parents are unable to pay for treatment, are enabled to secure relief at the expense of the county wherein they reside, such treatment to be given under the supervision of the State Department of Public Health.

That man is most original who is able to adopt from the greatest number of sources. —Carlyle.



## Birth Registration and Infant Mortality Rates.

The infant mortality rate is the expression of the number of deaths of infants under one year of age per 1000 live births. Since the registration of deaths is regarded as complete in nearly every division of the Death Registration Area of the United States Bureau of the Census and since the registration of births is seldom regarded as complete in any community it is obvious that there is a distinct statistical fallacy in the infant mortality rates for many communities. For example, if there are 300 live births in a rural county and 18 infant deaths, the infant mortality rate for that county is 60.0. If only 240 of the 300 births are registered, however, the infant mortality rate is 75.0. Many births are not registered because there is neither midwife nor physician in attendance and many, through carelessness, are not recorded by those persons who should do so.

There are many counties of California where birth registration may be regarded as fairly complete and, in those counties, the infant mortality rates are, without doubt, computed with a fair degree of accuracy. The rate for the whole state may also be considered as a fair indication of the trend in the mortality of infants in California. There are many communities, however, where lack of birth registration is responsible for rates that are entirely inconsistent with the conditions of maternal and infant care that prevail in those communities.

To offer these fallacious rates as indices of health conditions in those localities is altogether wrong—to offer them as indices of faulty birth registration, however, is eminently right. A large number of California communities could accomplish much in lowering the infant mortality rates if they would secure more complete birth registration. The fault lies, not in the method of computation, but rather in the lack of proper data upon which to base the computation.

"We are educating in our colleges, not only the body and mind but the human personality, and the exploration of a single personality is richer than the exploration of Africa or the strangest land in the world."—President William H. P. Faunce, Brown University.

## Many Children Receive Examinations.

Dr. Lillian Kositz, physician in the Bureau of Child Hygiene of the California Department of Public Health, during the month of November conducted a series of child health conferences in San Bernardino, Riverside, Ventura, and Santa Barbara counties. A total of more than 300 children were given complete physical examinations at these conferences. The work was done for the purpose of demonstrating the value of such examinations and was done at the request of residents of local communities who desire to establish health centers.

## Examination for Registered Nurse.

The Bureau of Registration of Nurses of the Department of Public Health, State of California, announces that the next examination for certificate as registered nurse will be held simultaneously in San Francisco, Los Angeles and Sacramento on Wednesday, March 7, 1928. Requests for blank forms for this examination must be made before February 8, 1928, and completed applications must be on file in the office of the Bureau of Registration of Nurses, 334 State Building, San Francisco, not later than February 22, 1928. Applicants for this examination must be 21 years of age and must have completed the course of instruction and practice as required by the Department of Public Health, State of California.

## Exeter Has New Health Officer.

Dr. Donald C. Fowler has been appointed city health officer of Exeter, succeeding Dr. John C. Paine.

## MORBIDITY.\*

### Diphtheria.

147 cases of diphtheria have been reported, as follows: Alameda 1, Berkeley 6, Oakland 19, Contra Costa County 1, Los Angeles County 13, Burbank 1, Huntington Park 1, Los Angeles 44, Montebello 1, Pasadena 1, Pomona 1, Whittier 2, West Covina 1, South Gate 1, Monterey Park 2, Monterey County 1, Monterey 4, Napa 3, Orange County 1, Huntington Beach 1, Santa Ana 2, La Habra 1, Sacramento 2, San Bernardino County 2, Ontario 1, San Bernardino 6, San Diego County 5, San Francisco 17, Redwood City 2, Santa Clara County 1, Benicia 1, Marysville 2.

\*From reports received on December 19th and 20th for week ending December 17th.



**Scarlet Fever.**

156 cases of scarlet fever have been reported, as follows: Alameda 1, Albany 1, Berkeley 6, Oakland 33, Colusa County 1, Contra Costa County 1, Fresno County 6, Humboldt County 2, Kern County 2, Bakersfield 1, Los Angeles County 17, Alhambra 1, Compton 2, Huntington Park 2, Long Beach 2, Los Angeles 11, Redondo Beach 1, San Gabriel 1, Whittier 2, Lynwood 1, South Gate 1, Monterey Park 2, Maywood 2, Sausalito 4, Fort Bragg 1, Huntington Beach 1, Orange 5, Santa Ana 1, Sacramento County 2, Sacramento 2, San Bernardino County 1, San Bernardino 1, San Diego County 1, San Francisco 22, Stockton 6, San Luis Obispo 1, Redwood City 1, San Mateo 1, Santa Clara County 1, San Jose 3, Solano County 2, Stanislaus County 1.

**Measles.**

46 cases of measles have been reported, as follows: Berkeley 1, Oakland 5, Eureka 1, Long Beach 1, Los Angeles 7, Pasadena 1, Pomona 1, San Fernando 1, Anaheim 3, Sacramento 2, San Bernardino 1, San Diego County 4, Oceanside 2, San Francisco 10, Arroyo Grande 2, San Luis Obispo 1, San Jose 1, Tuolumne County 1, Sonora 1.

**Smallpox.**

26 cases of smallpox have been reported, as follows: Hayward 12, Oakland 10, Los An-

geles 1, Pasadena 1, Alturas 1, San Francisco 1.

**Typhoid Fever.**

5 cases of typhoid fever have been reported as follows: Los Angeles 1, Maywood 1, Anaheim 1, Sacramento 1, San Bernardino County 1.

**Whooping Cough.**

56 cases of whooping cough have been reported, as follows: Alameda 1, Oakland 4, Los Angeles County 1, Compton 4, Long Beach 7, Los Angeles 17, Pasadena 1, Monterey County 5, Carmel 1, Orange County 1, Fullerton 2, Seal Beach 1, Tustin 3, San Diego County 3, Oceanside 1, Stockton 1, Palo Alto 1, Stanislaus County 1, Newman 1.

**Poliomyelitis.**

22 cases of poliomyelitis have been reported, as follows: Colusa 1, Fresno County 1, Humboldt County 1, Kern County 2, Los Angeles County 4, Alhambra 2, Long Beach 1, Los Angeles 2, Monterey Park 1, Fort Bragg 1, Santa Ana 1, Sacramento County 1, Sacramento 1, San Francisco 1, Stockton 1, California 1.

**Meningitis (Epidemic).**

Two cases of epidemic meningitis have been reported, as follows: Los Angeles 1, Madera 1.

**Malta Fever.**

Monrovia reported one case of Malta Fever.

**COMMUNICABLE DISEASE REPORTS.**

Disease	1927				1926			
	Week ending			Reports for week ending Dec. 17 received by Dec. 20	Week ending			Reports for week ending Dec. 18 received by Dec. 21
	Nov. 26	Dec. 3	Dec. 10		Nov. 27	Dec. 4	Dec. 11	
Anthrax.....	0	1	0	0	0	0	0	0
Botulism.....	0	0	0	0	0	0	0	0
Chickenpox.....	293	283	410	228	302	408	477	250
Diphtheria.....	139	148	136	147	206	195	173	163
Dysentery (Bacillary).....	1	1	1	0	6	2	1	1
Encephalitis (Epidemic).....	3	2	2	0	2	4	1	0
Gonococcus Infection.....	73	119	103	105	69	99	109	79
Influenza.....	22	32	21	25	18	22	34	25
Jaundice (Epidemic).....	0	0	3	0	214	3	2	0
Leprosy.....	0	1	0	0	0	0	1	1
Malaria.....	1	1	3	0	2	1	3	0
Malta Fever.....	0	0	0	1	0	0	0	0
Measles.....	38	38	55	46	666	854	1051	824
Meningitis (Epidemic).....	0	2	6	2	3	2	1	1
Mumps.....	68	81	95	83	189	181	224	128
Paratyphoid Fever.....	1	0	0	0	2	0	0	0
Pneumonia (Lobar).....	33	40	46	50	80	81	51	54
Poliomyelitis.....	22	14	27	22	5	5	5	3
Rabies (Animal).....	10	13	5	9	7	4	8	5
Rocky Mt. Spotted Fever.....	0	0	0	0	0	0	0	0
Scarlet Fever.....	171	172	173	156	262	233	236	262
Smallpox.....	17	12	7	26	10	40	15	4
Syphilis.....	75	121	123	203	87	154	146	100
Tetanus.....	1	2	3	0	1	0	0	0
Trachoma.....	1	3	7	0	4	194	9	4
Trichinosis.....	1	1	0	0	0	0	0	0
Tuberculosis.....	148	188	215	178	196	202	141	140
Typhoid Fever.....	8	2	11	5	14	12	13	13
Typhus Fever.....	0	0	0	0	0	0	0	0
Whooping Cough.....	109	125	170	56	59	70	71	40
Totals.....	1236	1402	1622	1342	2404	2766	2772	2097

CALIFORNIA STATE PRINTING OFFICE